

State of California **Secretary of State**

Limited Liability Company **Articles of Organization**

FILED in the office of the Secretary of State

of the State of California

FEB 0 8 2012

A \$70.00 filing fee must accompany this form.	
Important – Read instructions before completing this form.	This Space For Filing Use Only
Entity Name (End the name with the words "Limited Liability Company," or the abbreviation be abbreviated to "Ltd." and "Co.," respectively.)	ns "LLC" or "L.L.C." The words "Limited" and "Company" may
1. NAME OF LIMITED LIABILITY COMPANY	
Indigenous Chocolate, LLC	
Purpose (The following statement is required by statute and should not be aftered.)	
2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWF COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMP.	FUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY ANY ACT.
nitial Agent for Service of Process (If the agent is an individual, the agent must reside the agent is a corporation, the agent must have on file with the California Secretary of State a 505 and Item 3 must be completed (leave Item 4 blank).	
. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS	
Torrey Brown	
. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFOR	NIA CITY STATE ZIP CODE
1044 Barona Road	Lakeside CA 92040
lanagement (Check only оле)	
. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:	
ONE MANAGER	
MORE THAN ONE MANAGER	
ALL LIMITED LIABILITY COMPANY MEMBER(S)	
dditional Information	
ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPOOF THIS CERTIFICATE.	RATED HEREIN BY THIS REFERENCE AND MADE A PART
xecution	
I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS	S MY ACT AND DEED.
February 7, 2012	2,-,,,,
DATE SIGNATURE OF ORGANIZE	Stown
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Torrey Brown

TYPE OR PRINT NAME OF ORGANIZER